

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA		SC/04/07
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		8 720 3878	6-13-01
RESPONSE FORMALITY REVIEW			08-07-01 11/04/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/02
2	✓	✓	1/10/02
3	✓	✓	6/03
4	✓	✓	6/04
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21		0 0	
22	✓	✓	✓
23	✓	✓	✓
24	0	0	0
25	0	0	0
26	✓	✓	✓
27	0	0	0
28	✓	✓	✓
29	0	0	0
30	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
stapl additional sheet here

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6/17  
11-6-01

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